

Name of Deceased _____
Social Security Number _____
Date of Death _____



Benefit Services Division, P.O. Box 1652, Sacramento, CA 95812-1652
Telecommunications Device for the Deaf - (916) 326-3240 • (800) 352-2238

Application for Retired Member/Payee Survivor Benefits

I hereby certify under penalty of perjury under the laws of the State of California that the information provided by me below is correct to the best of my knowledge. I also hereby claim any benefits to which I may be entitled. I understand that completing this document does not necessarily entitle me to benefits.

First Name	Middle Initial	Last Name	Phone / /
Signature			Date

Social Security Number

Relationship to Deceased

Address for Payment

Address for Other Correspondence

Street

Street

City

State

ZIP

City

State

ZIP

For Surviving Spouse of Retiree Only:

Continue Direct Deposit?

☐ Yes ☐ No

Account Number

Routing Number

Was the deceased a member of another public retirement system in California (i.e., STRS, UCRS, County, or City Retirement System)?

☐ Yes ☐ No ☐ Don't Know

Name of System

Section I - About the Member and Their Immediate Family

Will the estate of the deceased require probate?

☐ Yes ☐ No ☐ Don't Know

Did the deceased leave a will?

☐ Yes ☐ No ☐ Don't Know

Executor/Administrator

Phone

Address

Attorney Handling Probate

Phone

Address

Did the deceased leave a trust?

☐ Yes ☐ No ☐ Don't Know

Trustee Name

Phone

Address

Was the deceased married on the date of death?

☐ Yes ☐ No ☐ Don't Know

• If **Yes**, complete the following:

Spouse's Name

Social Security Number

Phone

Spouse's Address

Spouse's Date of Birth

Date of Marriage

• If **No**, Reason: ☐ Never Married ☐ Spouse Deceased / / ☐ Divorced/Other / /
Date Date

Was the deceased survived by natural or adopted children?

☐ Yes ☐ No ☐ Don't Know

• If **No**, Reason: ☐ Never had children ☐ All children predeceased ***Skip to Section II***

• If **Yes**, how many?

Complete the information requested below for each child. If there are more than three children, attach a separate sheet. If you fill in information about children below, you **DO NOT NEED** to complete Section II.

Name of Child #1

Social Security Number

Phone

Address

City

State

ZIP

 / /

Disabled? ☐ Yes ☐ No

Birthdate

 / /
If Yes, date of disability

If the child is under age 18 or was disabled prior to age 18, please provide the following information about the person who has care or custody of this child.

Name

Phone

Address

City

State

ZIP

Name of Child #2

Social Security Number

Phone

Address

City

State

ZIP

 / /

Disabled? ☐ Yes ☐ No

Birthdate

 / /
If Yes, date of disability

If the child is under age 18 or was disabled prior to age 18, please provide the following information about the person who has care or custody of this child.

Name

Phone

Address

City

State

ZIP

Name of Child #3	Social Security Number	Phone
Address	City	State ZIP
/ /	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
Birthdate	If Yes, date of disability	

If the child is under age 18 or was disabled prior to age 18, please provide the following information about the person who has care or custody of this child.

Name	Phone
Address	City State ZIP

Section II - About Next of Kin, If No Spouse or Children

Was the deceased survived by at least one parent? ☐ Yes ☐ No ☐ Don't Know

Name of Mother (if living)	Social Security Number	Phone
Address	City	State ZIP
Name of Father (if living)	Social Security Number	Phone
Address	City	State ZIP

If there are parents living, you **DO NOT NEED** to complete the rest of this form.

If no parents, was the deceased survived by any brothers or sisters? ☐ Yes ☐ No ☐ Don't Know

• If Yes, how many? _____ Skip to Survivor Information.

If no brothers or sisters, was the deceased survived by any stepchildren having a parent/child relationship with the deceased? ☐ Yes ☐ No ☐ Don't Know

• If Yes, how many? _____ Skip to Survivor Information.

If no stepchildren, was the deceased survived by any grandchildren (including stepgrandchildren)?

☐ Yes ☐ No ☐ Don't Know • If Yes, how many? _____ Skip to Survivor Information.

If no grandchildren, was the deceased survived by any nieces and nephews?

☐ Yes ☐ No ☐ Don't Know • If Yes, how many? _____ Skip to Survivor Information.

If no nieces and nephews, was the deceased survived by any great-grandchildren?

☐ Yes ☐ No ☐ Don't Know • If Yes, how many? _____ Skip to Survivor Information.

If no great-grandchildren, was the deceased survived by any cousins?

☐ Yes ☐ No ☐ Don't Know • If Yes, how many? _____ Skip to Survivor Information.

If no cousins, you MUST answer this question:

Did the deceased prepay their own funeral expenses? ☐ Yes ☐ No ☐ Don't Know

• If No, complete the following information for the person who paid the funeral expenses.

Name	Phone
Address	City State ZIP

Survivor Information

Relationship to Deceased

Name	Social Security Number	Phone
Address	City	State ZIP
/ /	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
Birthdate	If Yes, date of disability	

If a child is under age 18 or was disabled prior to age 18, please provide the following information about the person who has care or custody of this child.

Name	Phone
Address	City State ZIP

Relationship to Deceased

Name	Social Security Number	Phone
Address	City	State ZIP
/ /	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
Birthdate	If Yes, date of disability	

If a child is under age 18 or was disabled prior to age 18, please provide the following information about the person who has care or custody of this child.

Name	Phone
Address	City State ZIP

Relationship to Deceased

Name	Social Security Number	Phone
Address	City	State ZIP
/ /	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
Birthdate	If Yes, date of disability	

If a child is under age 18 or was disabled prior to age 18, please provide the following information about the person who has care or custody of this child.

Name	Phone
Address	City State ZIP